



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Reg. # 97764001 23

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 00136390		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee Committee to Elect Jim Rapchick		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name Jim Rapchick Office Sought (include district or jurisdiction served) City Council for Eastpointe City Council		County of Residence Macomb Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 23750 Gratiot Avenue Eastpointe, MI 48021		5a. Committee Mailing Address (if different from street address) same	
6. Date Committee Was Formed Mo. May Day 31 Yr. 97	8. Full Name and Mailing Address of Treasurer KATHERINE OLYNYK-RAPCHICK 16034 Stephens Eastpointe, MI 48021		
7. Committee Area Code and Phone		Area Code and Phone (810) 778-5510	
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

10. REPORTING WAIVER SECTION

☐ The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

FIRST STATE BANK
22381 Gratiot Avenue
Eastpointe, MI 48021

12. This item applies only to a gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer **KATHERINE OLYNYK-RAPCHICK**
Type or Print Name

Signature

Date **May 31, 1997**
Mo. Day Year

Candidate **JIM RAPCHICK**
Type or Print Name

Signature

Date **May 31, 1997**
Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address